

1. PERSONAL DETAILS

Student Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Other <input type="checkbox"/>		
Surname	Given Names	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> LGBTIQ <input type="checkbox"/> Unspecified	
Date of Birth		
Telephone	Mobile	Work
Address while on Leave of Absence		
	Postcode	
Email address		
Current course	Course Code:	Year last enrolled
Course Title		

2. LEAVE REQUEST

Is this a new application for special consideration?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this an extension to an existing period of leave?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate the existing period of leave:	From	To
Have you previously been granted special consideration leave in this course?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please indicate previous period of leave	From	To
Special consideration leave of Absence requested to start:	Year	Study Period/Semester
I intend to recommence studies in	Year	Study Period/semester
Reason for request [please tick]	Medical <input type="checkbox"/>	Personal <input type="checkbox"/> Work <input type="checkbox"/> Other <input type="checkbox"/>
If you ticked Other, specify (evidence is required with this application –see policy)		
Please provide further information to support your leave request		

3. DECLARATION

I understand that, if approved I will be withdrawn from all subjects for the period of leave granted.
 I understand that it is my responsibility to investigate the consequence that taking a Leave of Absence might have with regard to census dates and any external bodies (for example effect on Centrelink benefits, work obligations/requirements for undertaking the training course.....)

Student signature: _____ Date: _____

Note: Please refer to ICAN Learn Deferment Policy

Student Name: _____

4. RETURN ADDRESS FOR FORM

Please return completed form to:

Email: enrolments@icanlearn.edu.au

Postal:
Enrolments
PO Box 1108
North Cairns Qld 4870

FAX:
Enrolments
07 4031 5883

OFFICE USE ONLY

Student Name		Student No
has been assessed based on:		
<ul style="list-style-type: none"> i. the effect of this and any previous absences of the student; and ii. on the student's capacity to complete the course within the allocated maximum time for completion; 		
Will the student be able to complete the course in the maximum time for completion?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Is the application affected by a census date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Semester 1 <input type="checkbox"/> 2 <input type="checkbox"/>
Will the student require an enrolment extension?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Dates of Special Consideration leave requested	Start	Finish
Enrolment Dates	Start	Finish
Approved <input type="checkbox"/> Not approved <input type="checkbox"/>		
Comments:		

SIGNATURES

Business and Sector Development Manager/ ICAN Learn	Bernadette Pasco	
Signed	Date	
ICAN Learn Administration - Data entry student records		
Special Consideration application entered SMS	<input type="checkbox"/> Initials	Date
Special Consideration application filed on Student File	<input type="checkbox"/> Initials	Date
Student File doc No		